YOUTH YEARLY DENTAL RECORD

State of Michigan Department of Human Services

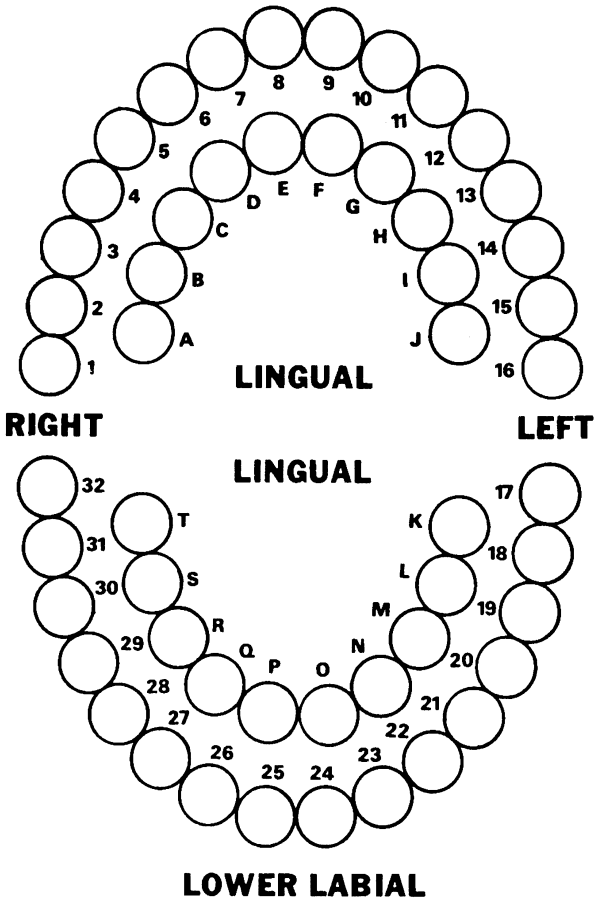
SECTION VI - DENTAL

SEND REPORT TO:

Youth's Name

Date of Birth

Treatment Date



DIAGNOSIS

- ☐ Dental Caries
- ☐ Dental Fracture
- ☐ Gingivitis
  - ☐ Mild
  - ☐ Acute
  - ☐ Chronic
- ☐ Malocclusion
- ☐ Missing Teeth

TREATMENT

- ☐ Exam
- ☐ X-Rays
- ☐ Prophylaxis
- ☐ Amalgam or Other Filling
- ☐ Crowns
- ☐ Gingival Curettage or Therapy
- ☐ Root Canal

Other Diagnosis

Other Treatment

Next Appointment

Attending Dentist or Physician

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A. 116 of 1973.
RESPONSE: Required.
PENALTY: Non-compliance of Licensing Rules.